

**NEW JERSEY STATE DEPARTMENT OF EDUCATION  
CRIMINAL HISTORY REVIEW UNIT  
TRANSMITTAL FORM  
NONPUBLIC SCHOOL**

(Type or print in ink)

**INSTRUCTIONS**

1. Enter name and address of submitting nonpublic school, include identifying code number for county, four digit and three digit school codes.
2. Enter name, title, and signature of nonpublic school administrator submitting transmittal.
3. Enter date of submission.
4. Complete Employee Roster by listing each submitted employee alphabetically.
5. Retain the nonpublic school copy of all pages and forward the remainder along with applicant's completed State and Federal fingerprint cards, Applicant Authorization and Certification form, and payment, to the address below:

**TRANSMITTAL**

TO: CRIMINAL HISTORY REVIEW UNIT  
NEW JERSEY STATE DEPARTMENT OF EDUCATION  
PO BOX 500  
TRENTON, NEW JERSEY 086250500

**FROM:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
COUNTY NAME                      CODE                      NONPUBLIC SCHOOL NAME                      CODE                      SCHOOL CODE

\_\_\_\_\_  
STREET ADDRESS                      CITY                      STATE                      ZIP CODE

Submitted herewith is the name and social security number of each nonpublic school applicant hired in accordance with the provisions of *N.J.S.A. 18A:6-4.13 et seq.*

\_\_\_\_\_  
NAME (PRINT OR TYPE)                      TITLE                      (                      )  
TELEPHONE #

\_\_\_\_\_  
SIGNATURE                      DATE